

Name of Person Filing: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 ATLAS Number (if applicable): _____
 Attorney Bar Number (if applicable): _____
 Representing ☐ Self (Without Attorney) OR
☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

(Name of Petitioner)

Case Number: _____

(Name of Respondent)

PETITION FOR DISSOLUTION OF A NON-COVENANT MARRIAGE (DIVORCE) -- WITH CHILDREN

STATEMENTS MADE TO THE COURT, UNDER OATH OR AFFIRMATION:

1. INFORMATION ABOUT ME, THE PETITIONER:

Name: _____
 Address: _____
 Date of Birth: _____
 Job Title: _____
 Starting with today number of months/years in a row, you, the Petitioner, have lived in Arizona: _____

2. INFORMATION ABOUT, MY SPOUSE, THE RESPONDENT:

Name: _____
 Address: _____
 Date of Birth: _____
 Job Title: _____
 Starting with today number of months/years in a row, you, the Petitioner, have lived in Arizona: _____

3. INFORMATION ABOUT MY MARRIAGE:

Date of Marriage: _____
 City and state or country where we were married: _____
☐ We do not have a covenant marriage. (Warning: You cannot use this paperwork, if this statement is not true. If you have questions about whether you have a covenant marriage, review your marriage license, review the checklist in this packet, and see a lawyer for help.)

4. 90 DAY RESIDENCY: (NOTE: One of the following statements must be true before you can file your case in Arizona.) The statement checked below applies to my situation.

☐ My spouse or I have lived in Arizona for at least 90 days before I filed this action.
or
☐ While a member of the Armed Forces, my spouse or I have been stationed in Arizona for at least 90 days before I filed this action.

5. DOMESTIC VIOLENCE: (If you intend to ask for joint custody, there must have been no significant domestic violence in your marriage. A.R.S. 25-303.03. Check the box to make a true statement: Significant domestic violence ☐ **has** or ☐ **has not occurred** during this marriage.)

6. CHILDREN OF THE PARTIES WHO ARE LESS THAN 18 YEARS OLD (check one box):

☐ There are **no** children under the age of 18 either born to, or adopted by, the parties.
NOTE: IF YOU CHECKED THIS BOX, STOP. YOU SHOULD BE USING THE PETITION PACKET TO GET A DIVORCE WITHOUT CHILDREN.

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- ☐ The following child(ren) are under age 18 and were born to or adopted by my spouse and me: (Attach extra pages if necessary).

Child's Name: _____
Birthdate: _____
Address: _____
Length of Time at Address: _____

Child's Name: _____
Birthdate: _____
Address: _____
Length of Time at Address: _____

Child's Name: _____
Birthdate: _____
Address: _____
Length of Time at Address: _____

Child's Name: _____
Birthdate: _____
Address: _____
Length of Time at Address: _____

7. PREGNANCY and PATERNITY: (check one box)

☐ Wife is **not** pregnant, OR

☐ Wife **is** pregnant

The baby is due on _____ (date), (and, check one box below):

☐ The Petitioner and Respondent are the parents of the child, OR

☐ Petitioner is **not** the parent of the child, OR.

☐ Respondent is **not** the parent of the child.

☐ A child or children was/were born before the marriage. The husband is the father of that child / those children named below:

8.a. COMMUNITY PROPERTY: (check one box)

☐ My spouse and I did not acquire any community property during the marriage, OR

☐ My spouse and I acquired community property during our marriage, and we should divide it as follows:

	Petitioner	Respondent	Value
<input type="checkbox"/> Real estate located at: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Legal Description: _____			

	Petitioner	Respondent	Value
<input type="checkbox"/> Real estate located at: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Legal Description: _____			

Case No. _____

<input type="checkbox"/>	Household furniture and appliances:	Petitioner	Respondent	Value
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

<input type="checkbox"/>	Household furnishings:	Petitioner	Respondent	Value
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

<input type="checkbox"/>	Other items:	Petitioner	Respondent	Value
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

<input type="checkbox"/>	Pension/retirement fund/profit sharing/stock plan/401K:	Petitioner	Respondent	Value
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

<input type="checkbox"/>	Motor vehicles:	Petitioner	Respondent	Value
	Make _____ Year: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	Model _____	<input type="checkbox"/>	<input type="checkbox"/>	
	VIN _____			
	Lien Holder _____			
		Petitioner	Respondent	Value
	Make _____ Year: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	Model _____			
	VIN _____			
	Lien Holder _____			

8.b. SEPARATE PROPERTY: (Check all boxes that apply.)

- ☐ I do not have any property that I brought into the marriage or separate property.
- ☐ My spouse, the Respondent does not have any property that he or she brought into the marriage or separate property.
- ☐ I have property that I brought into the marriage or I have separate property. I want this property awarded to me as described below.
- ☐ My spouse, the Respondent, has property that he or she brought into the marriage or has separate property. I want this property awarded to my spouse as described below.

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Separate Property: (On the next page, list the property and the value of the property, and check the box to tell the Court who should get the property.)

Description of Separate Property	Petitioner	Respondent	Value
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

9.a. COMMUNITY DEBTS: (check one box)

- ☐ My spouse and I did not incur any community debts during the marriage, OR
☐ We should divide the responsibility for the debts incurred during the marriage as follows:

DESCRIPTION OF DEBT	Petitioner	Respondent	Amount Owed
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

9.b. SEPARATE DEBTS: (Check all boxes that apply.)

- ☐ My spouse and I do **not** have any debts that were incurred prior to the marriage or separate debt;
☐ I have separate debt or debt that I incurred prior to the marriage that should be paid by me as described below;
☐ My spouse has separate debt or debt that he or she incurred prior to the marriage that should be paid by my spouse as described below.

DESCRIPTION OF DEBT	Petitioner	Respondent	Amount Owed
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

10. TAX RETURNS: (Check this box if this is what you want).

- ☐ After the judge or commissioner signs the Decree of Dissolution of Marriage (Divorce), we will, subject to IRS Rules and Regulations, pay federal and state taxes as follows: For previous years (the years we were married, **not** including the year the Decree was signed), the parties will file joint federal and state income tax returns. In addition, for previous calendar years, both parties will pay, and hold the other harmless from, 1/2 of all additional income taxes if any and other costs, and each will share equally in any refunds. For the calendar year (the year that the Decree is signed) and all future calendar years, each party will, subject to IRS Rules and Regulations, file separate federal and state income tax returns. Each party will give the other party all necessary documentation to do so.

11. SPOUSAL MAINTENANCE/SUPPORT (ALIMONY) (check the box that applies to you):

- ☐ Neither party is entitled to spousal maintenance/support (alimony), OR
☐ Petitioner OR ☐ Respondent is entitled to spousal maintenance/support because: (Check one or more of the box(es) on the next page that apply. At least one reason must apply to get spousal maintenance/ support.)

- ☐ Person lacks sufficient property to provide for his/her reasonable needs;
☐ Person is unable to support himself/herself through appropriate employment;
☐ Person is the custodian of a child(ren) whose age or condition is such that the person should not be required to seek employment outside the home;
☐ Person lacks earning ability in the labor market adequate to support himself/herself; and
☐ Person contributed to the educational opportunities of the other spouse or had a marriage of long duration and is now of an age that precludes the possibility of gaining employment adequate to support himself/herself.

12. OTHER STATEMENTS TO THE COURT UNDER OATH OR AFFIRMATION: To file for divorce of non-covenant marriage, you must be able to tell the court that the following statements are true. If the statements are not true, you cannot file for divorce until the statements are true. Check the box in front of each statement if the statement is true.

- ☐ TRUE My marriage is irretrievably broken and there is no reasonable prospect of reconciliation. (My marriage is over.)
☐ TRUE My spouse and I have attempted to resolve our problems by using Conciliation Services, or going to Conciliation Services to try resolve our problems would not work.
☐ TRUE This court has jurisdiction to decide child custody matters under Arizona law.

13. WRITTEN CUSTODY AGREEMENT: (Check the boxes that apply, if they apply)

- ☐ My spouse and I have a written agreement signed by both of us about the custody, visitation, and child support for our child(ren).
☐ I have attached a copy of the written agreement.

REQUESTS TO THE COURT:

A. DISSOLUTION (DIVORCE):

- ☐ Dissolve our marriage and return each party to the status of a single person;

NAMES:

I took the name of my spouse at the time of marriage and I want to restore my last name to the name I used before this marriage or to my maiden name.

My complete married name is:

--	--	--

I want my name restored to: (List complete maiden or legal name before this marriage):

--	--	--

WARNING: If you are not the person who is requesting to have your former name restored, the court must have a written request from the party who wants his or her name restored to change the name.

B. PATERNITY and CHILDREN'S NAMES: Declare the husband to be the father of the following named child(ren) born before the marriage and (optional) change the legal name of those children to the the name listed on the right, below :

Current Legal Name

(OPTIONAL) Change the name of the child to:
New Name

C. CHILD CUSTODY AND VISITATION: Award custody and visitation of the children under the age of 18 years and common to the parties, whether by birth or adoption, as follows: (Check either the sole custody box or the joint custody box. If you check the sole custody box, check only one box related to visitation.)

- C.1.** ☐ **SOLE CUSTODY** of the minor child(ren) awarded to ☐ Petitioner OR ☐ Respondent, subject to visitation as follows:
- ☐ **Reasonable Visitation** rights to the parent not having custody, as will be described in the Parenting Plan attached to the Divorce Decree.
- ☐ **Supervised Visitation** between the children and the ☐ Petitioner OR ☐ Respondent is in the best interest of the children because: (Explain the reasons for need for supervised visitation. Use extra paper if necessary.) _____
- _____
 Name of the person who will supervise: _____
- Requested restrictions on visitation: (explain here) _____
- _____

- The cost of supervised parent/child access will be paid by ☐ the parent being supervised; ☐ the parent having custody; ☐ shared equally by the parties.
- ☐ **No Visitation** rights to the parent not having custody is in the best interests of the child(ren) because: (Explain the reasons for no visitation. Use extra paper if necessary): _____
- _____

OR

- C.2.** ☐ **JOINT CUSTODY:** Petitioner and Respondent agree to act as joint custodians of the minor child(ren) as set forth in the Joint Custody Agreement signed by the parties, if the court agrees with the Joint Custody Agreement. (For joint custody, there must have been no "significant" domestic violence in your marriage. A.R.S. 25-303.03)

D. CHILD SUPPORT: Order that child support will be paid by: ☐ Petitioner, OR ☐ Respondent in a reasonable amount as determined by the court under the Arizona Child Support Guidelines. Support payments will begin on the first day of the first month following the entry of the divorce decree. These payments, and a fee for handling, will be paid through the Support Payment Clearinghouse and collected by automatic wage assignment.

E. MEDICAL, DENTAL, VISION CARE FOR MINOR CHILDREN: Order that

- ☐ **Petitioner** is responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.
- ☐ **Respondent** is responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.

Petitioner and Respondent will pay for all reasonable unreimbursed medical, dental, and health-related expenses incurred for the child(ren) in proportion to their respective incomes.

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- F. TAX EXEMPTION:** The parties will claim the children as income tax dependency exemptions on federal and state income tax returns as follows:

Parent entitled to claim	Name of child	Current tax year	Later tax years
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent			
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent			
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent			
<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent			

- G. SPOUSAL MAINTENANCE (ALIMONY):** ☐ Order spousal support to be paid by ☐ Petitioner, or ☐ Respondent in the amount of _____ per month beginning with the first day of the month after the Judicial Officer signs the Decree and continuing until the person receiving spousal maintenance remarries or either party is deceased, or for a period of _____ months. These payments, and a fee for handling, will be paid through the Support Payment Clearinghouse.

- H. COMMUNITY PROPERTY:** Make a fair division of all community property.

- I. COMMUNITY DEBTS:** Order each party to pay community debts as requested in the Petition, and to pay any other community debts unknown to the other party. Order each party to pay and hold the other party harmless from debts incurred by him/her since the parties separation on _____ or the date the Respondent was served with the Petition for Dissolution.

- J. SEPARATE PROPERTY and DEBT:** Award each party his/her separate property and make each party pay his/her own separate debt.

- K. OTHER ORDERS I AM REQUESTING** (Explain request here):

OATH OR AFFIRMATION AND VERIFICATION

I swear or affirm that the information on this document is true and correct under penalty of perjury.

Signature

Date

Sworn to or Affirmed before me this: _____ by _____
(date)

Seal/My Commission Expires: _____
Deputy Clerk or Notary Public